

**FORENSIC SERVICES DIVISION**

1600 Ninth Street, Room 410  
Sacramento, CA 95814



**APPLICATION TO SERVE AS A SEXUALLY VIOLENT PREDATOR (SVP)  
INDEPENDENT EVALUATOR FOR THE SEX OFFENDER COMMITMENT PROGRAM  
(SOCP)**

I am interested in serving as an Independent Evaluator for the Department of State Hospitals (DSH) Sex Offender Commitment Program (SOCP). In making this application, I CERTIFY that:

1. I am a: ☐ Psychiatrist; or,  
☐ Licensed Psychologist with a doctoral degree in Psychology
2. I have at least five (5) years of post-licensure experience in the diagnosis and treatment of mental health disorders.
3. I have either: a) 20 hours of forensic expert witness testimony experience; or b) at least 10 court experiences where I testified as a forensic expert. Expert testimony training by the Department of State Hospitals Forensic Services Division may qualify for up to 10 hours of the 20 hours requirement. If you have less than 20 hours of forensic expert witness testimony, please indicate the number of hours you possess.
4. I am **NOT** a State Government or a Forensic Conditional Release Program employee.
5. I am willing to perform evaluations on parolee/patients in the following geographic locations:  
☐ Northern California      ☐ Central California      ☐ Southern California
6. I am competent to perform mental health examinations in the following language(s) in addition to English: a. \_\_\_\_\_ b. \_\_\_\_\_
7. In the last two years, I have been trained on sex offender risk assessment tools appropriate for assessing risk for sexual recidivism. Demonstrated training on the STATIC 99R is specifically required and training on at least one dynamic assessment tool is also required. This may include, but is not limited to the STABLE 2007, SRA:FV, or the VRS-SO. Please provide proof of attendance.
8. I have experience evaluating sex offender populations.
9. I have included a copy of my Current Curriculum Vitae/Resume (with the 5 years of post-licensure experience in the diagnostic and treatment of mental health disorders).
10. I have included my forensic evaluation writing sample.
11. I have included a copy of my licensure.
12. I have included three references for similar services that I have been provided within the last five years.

**FORENSIC SERVICES DIVISION**

1600 Ninth Street, Room 410  
Sacramento, CA 95814



13. I acknowledge that new contract panel evaluators are responsible for their own training and proficiency in SVP evaluation.

14. Upon the acceptance and initiation of a new contract, the contractor will be subject to quality assurance peer review of their first five reports. Depending on the contractor's specific experience and qualifications, he or she may also be required to attend, in person, a new hire training, the location and duration of which will be determined by the FSD Chief Psychologist.

In signing this application, I am aware that representatives of the Department of State Hospitals will verify any representations I have made on this application and do declare under penalty of perjury that the statements made herein are true and correct.

Printed Name:	License Number: Expiration Date:
Mailing Address:	
Telephone Number:	Email Address:
Signature:	Date:

Please sign, date, and submit this application to one of the following:

EMAIL: Subject: SVP Independent Evaluator  
[SVPIndependentPanel@dsh.ca.gov](mailto:SVPIndependentPanel@dsh.ca.gov)

**MAIL: Attn: SVP Application Panel**  
SVP Independent Evaluator  
Department of State Hospitals  
Forensic Services Division  
1600 9<sup>th</sup> Street, Room 410  
Sacramento, CA 95814